

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588992

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9	1					
10		1				
11	1					
12		1				
13	1					
14		1				
15	1					
16		1				
17		16				
18		16				
19		16				
20		16				
21	1					
22		1				
23		2				
24	1					
25		1				
26		2				
27	1					
28		1				
29		2				
30	1					
31		1				
32		2				
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35		2				
36	1					
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38		2				
39	1					
40		1				
41		2				
42	1					
43		1				
44		2				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53			1			
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
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97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			17			